



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement							
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-15-00290	<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID						
Committee Information							
Committee Information	Mark Levine for Delegate						
	Name of Candidate Campaign Committee						
	805 Rivergate Place						
	Street Address/PO Box		Suite #				
	Alexandria	VA	22314				
	City	State	Zip Code				
	Mark@MarkforDelegate.com	703-599-6121					
	Email Address		Daytime Phone #				
	Campaign Website						
Candidate Information							
Candidate Information	Levine		Mark	Herbert			
	Salutation	Last Name	First Name	Middle Name			
	805 Rivergate Place						
	Residence Address		Apt #				
	Alexandria		VA 22314				
	City		State Zip Code				
	ALEXANDRIA CITY		919183399				
	County or City of Residence		Voter Identification #				
	Mark@MarkLevineTalk.com		7035996121				
	Email Address		Daytime Phone #				
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information							
Election Information	Member House Of Delegates		House Of Delegates - 45th District				
	Office Sought		District (if one)				
	Democratic	2015	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
	Political Party		Year of Election	Type of Election			



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Treasurer Information				
Treasurer Information	Levine	Mark	Herbert	
	Salutation	Last Name	First Name	Middle Name
	805 Rivergate Place			
	Residence Address		Apt #	
	Alexandria		VA 22314	
	City		State	Zip Code
	ALEXANDRIA CITY		919183399	
	County or City of Residence		Voter Identification #	
Mark@MarkLevineTalk.com		703-599-6121		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Capital One Bank				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Alexandria VA				
City		State	City	
			State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		03/26/2015	
	Date first expenditure made:		03/26/2015	
	Date campaign depository designated:		03/26/2015	
	Date filing fee paid for party nomination:		03/23/2015	
	Date Statement of Qualification filed:		03/26/2015	
	Date treasurer appointed:		03/30/2015	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ Signature</p> </div> <div style="width: 45%;"> <p style="text-align: center;">3/30/15 Date</p> </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ Candidate's Signature</p> </div> <div style="width: 45%;"> <p style="text-align: center;">3/30/15 Date</p> </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">_____ Treasurer's Signature</p> </div> <div style="width: 45%;"> <p style="text-align: center;">3/30/15 Date</p> </div> </div>